

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10' 588417

8.4.2006

CLAIMS

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | 1 | | | |
| 2 | | 1 | | 1 | | |
| 3 | | 1 | | 1 | | |
| 4 | | 1 | | 1 | | |
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| 6 | 1 | | 1 | | | |
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| 10 | | 1 | | 1 | | |
| 11 | | 1 | | 1 | | |
| 12 | | 1 | | 1 | | |
| 13 | | 1 | | 1 | | |
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| 49 | | 1 | | 1 | | |
| 50 | | 1 | | 1 | | |
| TOTAL IND. | | | 2 | | | |
| TOTAL DEP. | | | 25 | | | |
| TOTAL CLAIMS | | | 27 | | | |

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |